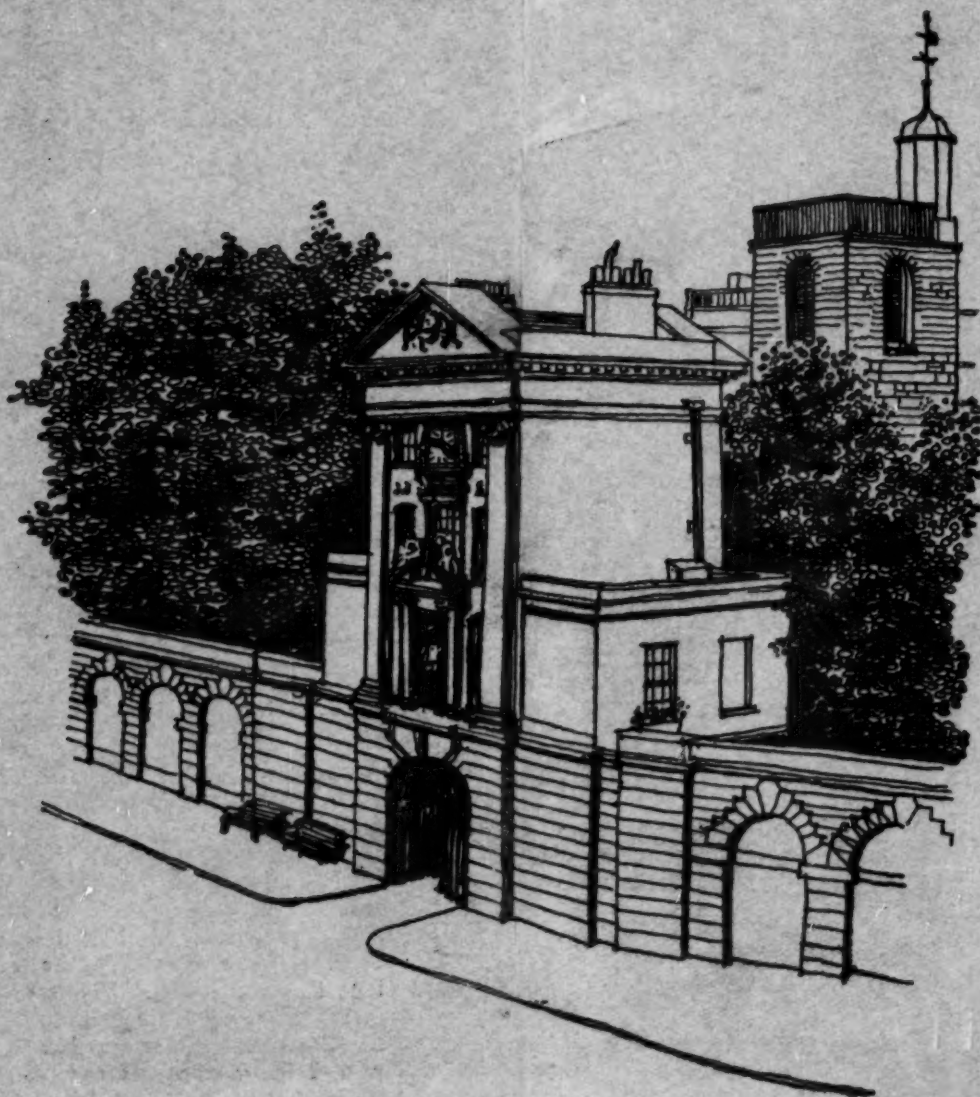


ST. BARTHOLOMEW'S
HOSPITAL JOURNAL



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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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November, 1953

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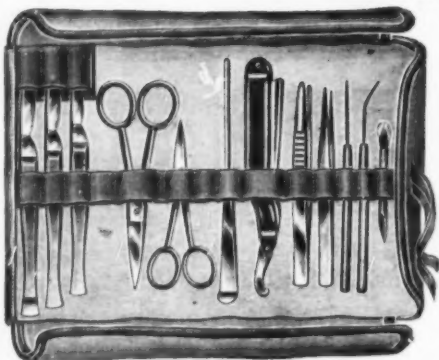
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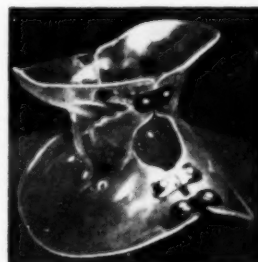
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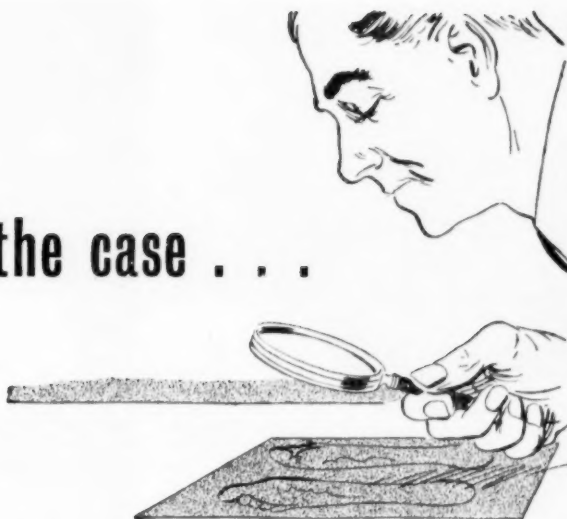
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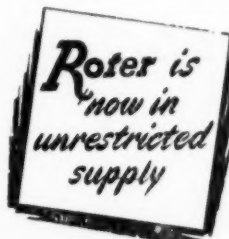
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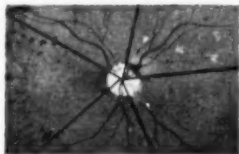
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Vol. LVII.

NOVEMBER 1953

No. 11

EDITORIAL

"It is easier to move a cemetery than to change the curriculum."

EARPHONES and simultaneous translation rapidly produce headache, but this was no price to pay for the excitement of attending some of the sessions of the First World Conference on Medical Education. Six hundred doctors representing 86 of the medical schools and universities of the world were met in London to appraise the anatomy, physiology and pathology of medical education, to consider a diagnosis and, if possible, to suggest treatment.

Their main preoccupation was, rightly, with the medical student himself. With humour and with sympathy, but with a note of high responsibility, his teachers discussed him and his career, considered how to choose, how to teach, what to teach him and enlarged on his potentialities for everything from suicide to specialisation. If some idealised him, at least most understood and all seemed to like him. They seemed to say with Maurice Chevalier, "Really at our age we must be reasonable," and aimed their criticisms more at the system they were using and had helped to make than at the material they were called upon to fashion.

At the very start of the conference Sir Lionel Whitby made the confession: "There can be little doubt that when we individually think of medical education (he might as well have said *medicine*) we think only of our own countries." But as the Tannoy system hummed with Spanish, French and English—or as often, American—and men of the most diverse colour and country stepped to the microphone, false and insular perspectives had to give way. Indian, Iraqi and Peruvian commonly spoke from a wisdom as wise as our own. Medicine we found is no longer the monopoly of Western Europe.

We had to envy the students of Madras and Uruguay their teachers as much as those of Ottawa and Uppsala. There could have been no better demonstration of the educative influence of medicine, of which so much was being said.

It was, too, a conference of enthusiasts. A teacher of English literature from Cambridge, with perhaps more objectivity than tact, listed boredom as one of the causes of failure in medical examinations. An amazed Swede hurried to the microphone and after two minutes of enraptured protest sat down amidst applause with the cry "Medicine is happiness—thank you."

But besides enthusiasm there was a note of urgency. It showed in a general determination not to toy or tinker with bits and pieces of the curriculum, even not to become absorbed with problems of curricula at all, but to probe as far as possible to the roots of not merely medical education but of education itself and to ask not only what should doctors be taught but why teach them, why have doctors at all, why teach anyone? Only so could the complexity of the problem be reduced; it must be tackled at source. In this light the majority of the speakers declared themselves, perhaps involuntarily, as idealists. It was strange how again and again they turned to the vocabulary of the pulpit to express the terms in which they thought and felt about the practice and teaching of medicine. On the first day, Sir Richard Livingstone, invited to speak as an expert on education, and perhaps too, as a practical demonstration of wholly educated man, said that "an education which leaves us without a philosophy of life is as incomplete as one which leaves us unable to think or

express our thoughts." Much of the rest of the week was spent, whatever was immediately under discussion, in examining medical teaching with this in mind and trying to grasp and suggest the outline of such a philosophy.

For most of its time, the conference was divided into four sections discussing separately—the requirements for entry into medical schools, the aims and content of the medical curriculum, techniques and methods of medical education, and preventive and social medicine; but always it seemed the same problems were being grappled with. These were outlined at the start by Sir Lionel Whitby, whose twinkling and sympathetic personality presided over the plenary sessions. Medical education, he recalled, was a matter not of medicine but of education. Its aim was not to produce specialists or general practitioners, but "an educated person grounded in principle and method, able to see what the whole of medicine stands for and means, trained to observe with his hands and his senses, encouraged to think logically and critically, instructed in the use of the instruments of measurement and equipped with a basic knowledge upon which he will continue to build for the rest of his professional life." Against the fulfilment of all this was set the massive and paralysing growth of medicine, a disintegrated curriculum, the lure of early specialisation, the absorption both of teacher and taught with examinations and a lack of general basic education.

Nobody doubted that the curriculum must be unloaded and re-orientated. Too often, they said, it is divided up and broken by now meaningless separations—between medicine and surgery, anatomy and physiology, clinical and pre-clinical. These were but historical survivals now only wasteful and confusing. Disintegration prevented the student from relating his different studies to each other and to their proper end. The special departments themselves were at fault, because instead of using their special knowledge to demonstrate the general principles of medicine in particular fields, each tended to teach its own speciality as an end in itself. No wonder the general practitioners, forced into competition with the specialities, were demanding special treatment for their field.

On the whole, two particular suggestions seemed to recommend themselves to speakers more than others. First, that curricula should

be made more plastic. Since medicine moved fast nowadays, curricula must move too, they must be made dynamic and often experimental. In Sir Henry Cohen's words, "A curriculum can never be final, it is always moving but it never arrives."

Secondly, that the curriculum, i.e. the teacher, must be limited to laying foundations. Three years was felt to be so short a time in which to learn something of clinical medicine, surgery and midwifery that if due proportion was to be preserved only the very fundamental principles could be taught. Sir Lionel Whitby asked "Does the intending and practising doctor need to memorise in detail and then forget the three-dimensional relations of the posterior triangle of the neck? Does he learn anything as a student when spending hours in an operating theatre watching the surgeon remove a tumour of the brain? Could he not spend his time more profitably in the out-patient department, the casualty reception, the polyclinic or even in an art gallery or on the football field?" And again, "the student should receive continuous and lengthy instruction only in the common and basic and useful and everyday clinical problems, but he should content himself with a single experience in rare or specialised procedure."

There were suggestions, too, that the only justifiable break in the course should come after a period of well integrated teaching in general medical principles of (say) four or five years, when students could divide themselves among courses which would fit them specially as physicians, surgeons or family doctors after another two or three years. The warning was given that a failure to teach adequately the fundamentals, combined with the mass production of immature specialists could have but one end—the conversion of the profession into a technology. Again and again the senior men appealed for more and better grounded *general* physicians and *general* surgeons.

But the unbalanced curriculum was recognised as due to an error of thought, to an unbalanced philosophy. To cure organic disease is no longer the sole aim of the profession. Medicine taught to this single end can never be true education. Not only must absorption with disorder be secondary to a study of order, but the limitation of teaching to hospitals must not be allowed to give students and doctors a wrong view of dis-

order itself. Men and women are not entities in isolation or in hospital beds, but members of families and communities. Their illnesses are often but the symptoms of disease of the group. Families and communities have their own pathology, rightly studied by doctors in social and preventive medicine. But, at least in this country, these disciplines are largely untaught because their fields do not usually find any place in hospital practice. This bias and many others, some delegates suggested, will only be corrected when the aim of medical education is to study neither physiology, nor disease, nor therapeutics; but humanity, human ecology or man, call it what you will. The medical student must study man, alone and in community, alive as much as dead, in order even more than in disorder. His teaching must make besides a doctor of him, both a natural philosopher and a humanist.

Two other points raised in the conference particularly struck this observer. The problem of training men for general practice is largely reduced if medical schools aim to teach the fundamentals of medicine and not to impart as much information about each speciality as three years will allow. But speakers did feel that not only do the special problems of general practice need indicating to the student whether he was going to become a G.P. or not, but that the patient's home offered opportunities for teaching and studying medicine in a closer and more realistic manner than anywhere else in the world.

Secondly, many delegates were evidently with Sir Lionel Whitby when he said, "There is much to be said for the wide use of some form of tutorial system in the teaching of medicine. By this I do not mean what is generally implied by a medical tutorial—namely, question and answer in preparation for an examination. I think, instead, of the relatively young, experienced, keen member of a hospital staff to whom a small group of students can be permanently attached during the whole time of their hospital learning. The group could gather with the tutor, once or twice a week, from their several and different duties and discuss with him the doings and experiences of the week. Such a tutor, who might well be a general practitioner, could direct studies, review the work of the week, integrate and co-ordinate the various experiences, and give point and emphasis in such a review to all the aspects of medicine, social, hygienic, psychological, ecological, historical and so on, which various advocates would

especially wish to have inserted into an already overloaded medical curriculum. Such a tutor would indeed help to correct the departmental attitude which tends to over-emphasise a narrow subject. Good tutors are difficult to find, and they should not be overloaded with too many students, otherwise the personal atmosphere, that of a family rather than a tutorial class, would be destroyed." It was observed by John Fulton himself that from the earliest times the teaching of medicine has had a highly personal flavour, and suggested by him and others, that to-day it needed to return to a closer physician-pupil relationship.

After all this, every medical student and many another, will impiously think, if he doesn't ask: "So what? Will anything be done?" The World Conference was called only to explore a problem, it couldn't solve one. But no doubt its members would never have assembled had they not hoped to be able to do something in consequence. The remark which heads this article was made by a well-known medical dean after a meeting of his board of studies. It is encouraging to know that cemeteries do sometimes get moved, but important also to remember that disturbing them has always been a slow, difficult and unpopular business.

* * *

Inauguration

In the eighteenth century intelligent and cultivated governors crowned their work of rebuilding the Hospital with James Gibbs' Great Hall. In the days when Romney, Hogarth and Gibbs were governors it saw no doubt many distinguished gatherings. Kings and Queens have graced it since. Within living memory the Buck Feast and other celebrations have gained occasion from being held there and have made it what it was meant to be, a focus of Hospital life.

Thursday, October 22, was just such an occasion. Well over 300 staff and students alike assembled beneath the brilliant gilded ceiling; behind the dais were the portraits of the Hospital's worthies with Abernethy himself placed forward as if to preside over the society which bears his name, and on the dais was one of the greatest living figures of British medicine, Sir Lionel Whitby.

"Devil's drugs and doctors," Sir Lionel's provoking title, was but the mask of an arresting and far-ranging survey of the history

and significance of preventive medicine, marked with the insights and sympathy which those who have heard him know always to expect.

To all Bart's men and women present and perhaps most of all to those just joined from other universities, this was one of those occasions for which Gibbs' Hall was built, which declare and illuminate the character and qualities, too often forgotten and obscured in the *mêlée* of normal routine, of this Hospital, which when spoken of by others on public occasions can only and best be described by the one word "great."

Professor Garrod in wittily proposing a vote of thanks and remarking on the distinction of the occasion, regretted that only once before could he remember a lecture of any sort being held in the Great Hall. We hope that it will see many more such inaugural lectures. Gratitude is owed to the Abernethian Society for a memorable lecture, to the Governors for their permission to use the Great Hall, to Mr. Carus Wilson and Mr. Goody for their help, and to the Dean for excusing us all from a clinical lecture.

Bart's and Everest

Before we all become so familiar with the summit of Everest that we forget that it was ever hard to reach, it should be put on record that one vital piece of equipment design which was contributory to the achievement was the work of a Bart's man. Having worked on problems of high-altitude respiration in the R.A.F., Dr. J. E. Cotes, now doing pneumoconiosis research for the M.R.C. in Wales, was given the job of designing the oxygen masks worn by the British team this year. The standard R.A.F. mask had to be remodelled to provide a lower resistance for the climbers, who breathe more rapidly and deeply than aircrew personnel. In addition, it had to be protected from high winds at temperatures below zero, which might blow the valves open. To do this, Dr. Cotes designed a rubber cowl which fitted over the mask and which also tended to warm the air inhaled by the climbers. A special version, with a sampling tube was made for the expedition's physiologist.

The co-operation of Bart's men with previous expeditions and often as climbers, is recalled by a case of blood smears from one of the earlier expeditions, seen lately in the Hospital, some labelled with the names of

celebrated climbers and all taken at impressive altitudes.

Dramatic Society

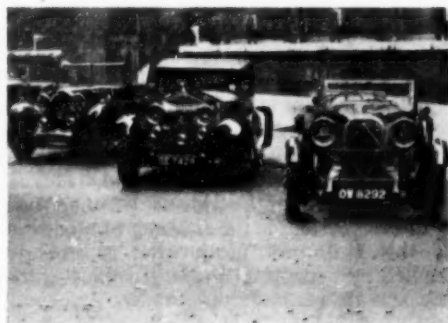
Captain Carvalho, by Denis Cannan, is the Dramatic Society's annual production at the Cripplegate Theatre on November 19 and 20. Tickets are obtainable from the secretary at the hospital.

The dates fixed for the *Pot Pourri* are December 28, 29 and 30.

Horseless Carriages at Bart's

Our motoring correspondent writes:

ON the first Sunday in October, as the sun struggled for existence and the leaves floated in a still fountain, the morning calm was disturbed by the arrival in the square of five ancient and conspicuous motor-cars, that swept past a pop-eyed porter and formed a circumfontal concours d'elegance to be judged by Mr. George Ellis. During the inspection a small crowd gathered, which was rewarded by the sight of a green 'Swift' setting off first for the country, while two top-hatted gentlemen burrowed into a blue



The line-up

'Bean' which refused to start till persuaded with hammers. 'Bentleys' and 'Lagondas' rushed homicidally after them.

Out in the Surrey countryside Bentleys broke down and a Bean boiled, but a terrible speed was maintained and all arrived at Brook in time for the opening of the 'Dog and Pheasant.' Here, the sun smiled impartially on the abandoned cricket green, the autumn-tinted trees, the silent shimmering radiators and the golden depths of gently circulating stoups of ale. Hours later,

*Under Starter's Orders*

warmed and refreshed, drivers crouched in the roadside grass and awaited the signal to leap into their cars, frantically coax them to start, and surge—or struggle—to the top of a hill in less time than anyone else. This excitement over, the strange cavalcade wound its way through beautiful scenery until it reached Midhurst, the 'Spread Eagle,' and luncheon.

A post-prandial nap in the comfortable embrace of deep leather-covered armchairs was followed by a gentle meander through uncharted sleepy country lanes to tea. The day finished upon some blasted heath where, in the failing light, competitors shot backwards through taped corridors and shuttle-cocked into an imaginary garage with fantastic cunning. So the party ended, some cars speeding straight to town, while others preferred a less direct and more convivial route, but all got safely home.

As a result of the energy, skill, and zest of the competitors, and of the ingenuity of the umpire, each car was found to have gained an equal total of marks. The success of the rally was largely due to the fine organisation by Peter Scott—who held the post of umpire extra-ordinary, and Chris Hudson—who designed the rally so that he might win, which, of course, he did.

Those who took part were:—

Peter Durham—1928 4.5 litre Bentley.

David Black and John Jones—1930 3 litre Lagonda.

Chris Hudson and Geoff Cunningham—1926 3 litre Bentley.

Richard Beard and Jim Tait—1926 12 h.p. Bean.

Dick Fiddian and Harvey Ross—1926 10 h.p. Swift.

Regrets were expressed for the absence of Wyckham Balme and his Rolls-Royce, Anthony Lamplugh and Jimmy Girling and their Humbers, David Bates and his Sunbeam.

*They're Off*

A pretty Pass

T. A. Boxall writes:

"Things have come to a pretty pass when religion is allowed to invade the sphere of private life," said Lord Melbourne, and no doubt everyone at times agrees with him. We reserve the label "impertinence" for just those things which have become too pertinent to remain comfortable. But worse still, not only does religion invade but it insists on altering every sphere of a man's life until he can no longer call himself his own. Not until this point is reached does a man know the truth of the Christian statement that a man is his own worst enemy, a thing usurped and disorganised until he allows himself to become absorbed and dominated by God in Jesus Christ.

During the present term in the University, Christian Union members are organising in many of their colleges a special series of meetings under a collective title of Mission to London University. This will be an occasion for people to reconsider both the basic statements of the Christian faith and also their own verdict of "pertinence" or "presumption."

Bart's is participating in this mission week (which will run from November 15 to 22) and details of meetings in the hospital and Charterhouse Square will be found at that time on posters and on the distributed programme cards. A number of speakers will

be visiting us, including Mr. W. Melville Capper, M.R.C.O.G., F.R.C.S., an old Bart.'s man (three times captain of the XV) who is clinical dean of Bristol Medical Faculty. Speaking at one or two meetings, acting as chairman at others, and generally being in and around Bart.'s for most of the week will be Dr. O. R. Barclay, Ph.D., whose aim will be to be at the disposal of all, and in particular of those who desire to talk with him about the topics of the meetings, and the theme of the mission itself.

Occupation

The Statistical Tables of St. Bartholomew's Hospital used to list the occupations of patients who had received treatment in the wards. So, in a strange way, you can find a picture of London sixty or seventy years ago.

One sees what an important animal the horse was, by the number of cabmen, carmen, grooms and ostlers. There was a rural flavour of cowmen and shepherds and drovers. In the year 1880 the most frequent occupations among the men were schoolboy, labourer, carman and porter, in that order. This was leavened by one betting-man, a housebreaker, and three clickers. In those days there were two or three clickers every year. Other little-known professions also appear. 1880 saw a feather curler, and a goldbeater's skin dresser. The paupers are fewer than one would expect, only one or two a year, scarcely outnumbering the relieving officers. 1876 had one mine-girl and one muff-stuffer. One hopes that the singer of comic songs was able to pursue his trade in the wards, undaunted by the three undertakers.

Among women, the three most important occupations were: housewife, servant and harlot. From time to time there was probably some revision of nomenclature, there being 262 harlots in 1876, and in 1878 only four, with a compensatory increase in other professions. In 1880 the old terminology was again in use.

Flower seller, muffin man, oyster seller and fish wife, they are all there, all the cries of London.

"And, my good man, what is your occupation?"

"Australian Bushman."

"Complaining of?"

But the answer is not there,

Abernethian Society

On Thursday, November 19, Sir Heneage Ogilvie, consulting surgeon to Guy's Hospital and editor of the *Practitioner*, will give a lecture on "The Hole in the Iron Curtain." Sir Heneage is one of the most prominent members of the shrinking class of general surgeons, and he is a consistent opponent of over-specialisation in medicine. The "hole in the iron curtain" is the oesophageal hiatus which enables the general surgeon to extend his activities into a region now normally reserved to the thoracic specialist.

On Tuesday, November 24, Professor R. V. Christie will take the chair at a discussion on medical education. A small panel of speakers will include a surgeon and two students, and the subject will then be opened to general discussion. The meeting will take place at 8 p.m., in the Recreation Room, College Hall, and it is hoped that as many students as possible will attend.

On Wednesday, December 2, a small party of members will visit the plastic surgery centre at East Grinstead, by kindness of Sir Archibald McIndoe. A notice will be posted on the notice board later.

Congratulations

to J. E. Cairns, on his marriage to Miss Denise A. Claydon, on July 25.

to Mr. G. Blackburn, M.B.E., on his engagement to Miss J. Bowen.

to Dr. C. Foster Cooper, on his engagement to Mrs. M. B. Heaven.

to Prof. H. V. Morgan, on his engagement to Miss M. J. Morley.

to Graham Harris, on his engagement to Miss Patricia Tippet.

Change of Address

The following Bart.'s men have sent us new addresses:

L. I. M. Castleden, 82 Twyford Avenue, West Acton, W.3.

P. N. Cretney, 81 Main Street, Fulford, York.

W. Chalmers Dale, Seabank, Marine Terrace, Gullane, East Lothian.

A. W. Nigel Druitt, Rutland, Okanagan Valley, British Columbia, Canada.

J. L. C. Martin-Doyle, Mowbray House, 7, Victoria Road, Great Malvern.

H. E. Quick, Craythorne, Shinfield Road, Reading Berks.

Journal

A most welcome change, noticed in the last few months, has been the increase in the number of articles offered to the *Journal* by Bart's students. This month four out of five articles are the unsolicited contributions of students and the fifth came with equal spontaneity from a member of the senior teaching staff. Perhaps it has been recognised that the shortest way of changing or improving the *Journal* is to write the articles that ought to be printed. At any rate such unprecedented support has very greatly eased the task of the editors.

Articles or features of all kinds are very welcome, and are accepted or otherwise by the Publication Committee as far as is possible on the sole grounds of merit. Short stories, case histories, poems, "clangers" for "So to Speak . . .", and so on, are all wanted. Club secretaries are urged to make more use of the facilities always available to them. The

editor also grieves that so few people nowadays think it worth writing him a letter or else have nothing that is worth writing one about.

To be sure of inclusion in the following number matter should be received by the first day of the month.

Cambridge-Bart's Sherry Party

The Oxford coterie at Bart's meets for its revels, it is said, at a private house off Harley Street. But few private houses could have contained the large company of Cambridge men and women of every age who met for their annual sherry party this year in the Medical College library. Even there, hemmed in by tables laden with food and drink, there was hardly room enough. The real aim of this gathering is to welcome to the Hospital those just arrived from the University. In such a friendly atmosphere this was inevitably an enjoyable duty.

‘SO TO SPEAK . . .’

Leading question

Don't you know at all what was the matter with your heart?

Yes! I think there was something wrong with the 'T' wave

—*Digest Reader, perhaps?*

Like what?

People like this may take their diet before or after meals.

—*Heard in M.O.Ps.*

RUGBY, TENNESSEE

by GEORGE J. CUNNINGHAM

TRAVELLING in America, the occasional appearance of a disused mineshaft or a deserted shack reminded one of some pioneer whose hopes had never been fulfilled. Such unsuccessful venturers, even though much more numerous than the successful, are apt to be overlooked as they receive little publicity. Out of about 100 attempts to set up new communities in America during the nineteenth century only four or five have been successful. A chance acquaintance brought one of the failures to my notice and it is about this that I wish to tell.

Dissatisfaction with conditions at home often leads idealistic individuals to venture abroad to set up communities which are meant to be Utopian. Rugby, Tennessee, commands our interest because its founder was none other than Thomas Hughes, the author of "Tom Brown's Schooldays," and the recent appearance of his biography adds justification for a short study of his community. Hughes was greatly influenced by his education at Rugby under Dr. Arnold, and although he later became a practising lawyer he found time to interest himself in social problems. He allied himself to the Christian Socialists and played an important part in the founding of the Working Men's College of which he subsequently became principal. This background led him to consider the difficulties in choosing a career that faced many of the young men being turned out from the public schools at that time. The only careers really available were the three learned professions, the public service or the press. Handicrafts were frequently kept in families or were "closed shop" as we say nowadays. Trading was thought to be undesirable as it induced a certain lack of scruples which ran contrary to the teaching in the public schools. Manual labour was unsuitable as it caused loss of caste amongst one's social equals. These Will Wimbles (as Hughes called them from their resemblance to Addison's character in the *Spectator*) were athletic young men of gentlemanly qualities who possessed no great intellectual ability

and were somewhat lacking in ambition. So the solution which occurred to Hughes was the formation of a colony in America where these young men could pursue manual work without losing caste and could at the same time create a cultural society of their own. In short, they were to have the working hours of a workman and the leisure hours of a gentleman.

In 1879, Hughes and a few others purchased a tract of land on the Cumberland Plateau, 1,800 feet above sea level in East Tennessee. A joint Anglo-American controlling body known as "The Board of Aid to Land Ownership" was formed, the aims of which were to provide assistance to both American and English settlers. The situation of the settlement was a delightful one, but the land was only moderately good for agriculture and there was much clearing of forest land to be performed. To produce adequate crops of peanuts, tobacco, vegetables, and fruit, much hard work and expert knowledge were required and the settlers apparently possessed neither of these qualities. Prior to the settlement the land had never done more than furnish a bare existence for some "poor whites" and a few negroes. A ceremonial opening took place on October 5, 1880, when Thomas Hughes welcomed a few men from the leading public schools and named the colony Rugby. Hughes followed this up with a lecture tour in eastern America, and on his return to England a speech at his own beloved school, Rugby, where he urged the desirability of emigration. In 1881 he published a book entitled *Rugby, Tennessee*, in which he stated the social problem as he saw it, gave a detailed account of the American settlement and its local personalities, ending with a report on the prospects of the land by the Minister of Agriculture for the State of Tennessee. Within 18 months 120 settlers had arrived, and whilst the total number eventually reached 1,000, there were never more than 300 residents at one time. In a recent account of the settlers mention is made of Charles Mason, a cousin of the novelist A. E. W. Mason and brother-in-law to Sir Frederick Treves. The colony grew

chiefly by English emigration, and so the Americans became rapidly outnumbered. During the early years several buildings were erected from the wood obtained by clearing the forest. These include an inn named The Tabard on account of some banisters said to have come from the original inn in Southwark. It was destroyed by fire, but later replaced by a larger building bearing the same name and subsequently sharing the same fate in 1886. A church open to all denominations was founded, and had for its

down for a second time. Hughes died in 1896, and in 1899 the land was sold to an American business concern "The Rugby Land Company," who, in 1920, sold it to a Cincinnati capitalist.

The reasons for the failure of the project are complex. It certainly appears that Hughes' enthusiastic idealism outstripped his discretion, and he was unfortunate in trusting his American advisers too implicitly. In the first place the land was only of average quality, and it subsequently transpired that



* THE HUGHES PUBLIC LIBRARY

first rector one called Joseph Blacklock. The cultural side of life was not neglected, as a library was established, to say nothing of a dramatic society and a cornet band. A quarterly journal originally called *The Rugbybeian* was instituted, and much of the later history of the settlement has been obtained from its issues. Houses were given English names, for example, Uffington House named after the birthplace of Hughes, and amongst the English street names even Farringdon Road found a place. In spite of these enthusiastic beginnings the company fell into financial difficulties as soon as 1882, though it was put back on rather shaky feet thanks to the generosity of some friends of the founder. At first it seemed likely that the colony might recover, but further settlers were not forthcoming, and although it continued until 1891 its doom was really sealed by 1886 soon after The Tabard was burned

the company had paid three times as much as the land was worth though the transaction had not been unprofitable to the American negotiator. These mishaps need not necessarily have proved fatal had there been a genuine and responsible person in Rugby to supervise the development of the plan. But Hughes, as president of the board, lived in England and only visited his community once every year. The first manager, an American named Cyrus Clarke, turned out to be a rogue and was dismissed, though it was two years before he was detected and much damage had already been done. Other adverse factors were the situation, which was too far distant from markets and lacking easy access to the railway, and the transport rates were therefore of necessity high. As indicated before, this community was to provide an outlet for public schoolboys who by dint of their education had acquired the

* Photo by kind permission of Mrs S. L. Walton

desirable characteristics of hardiness, reticence, and scrupulousness in money affairs. The aim was to produce a fairly tightly organised traditional English village community proof against the undesirable features appearing in the rapidly changing atmosphere of nineteenth-century England. But in spite of this Hughes did not wish to confine the settlement to Englishmen, for he realised the necessity of developing Anglo-American friendship, and in this respect was several years ahead of his time. He is even reputed to have said in one of his speeches that the most patriotic thing an Englishman could do was to become an American. We are, therefore, left to conclude that Hughes' enthusiasm ran so high that he expected the American settlers to become equally impressed with the characteristics and way of life of the English schoolboys. Here we have the real key to the situation, for the Americans were far from being impressed and the type of English settler was quite unsuitable. Likeable though he may have been, he was ill-equipped for a project which required a great deal of hard manual work and not a little self-denial. In attempting to make the prospects attractive these settlers were told to bring sports gear, fishing rods and guns, so that they could avail themselves of the amenities of the district. Many of the young men were so idle that, apart from not working themselves, they were unable to find sufficient energy to supervise the negroes whom they employed. Their general attitude caused Americans to doubt their seriousness and was in part responsible for the fact that few Americans were recruited into the scheme. This point is well illustrated by the

publicity given in American newspapers to certain events at the opening of the colony. Due to some legal hitch the original settlers were unable to take over their plots of land on arrival. Having nothing else to do their first act was to build a tennis court, an act highly praised by Hughes but greatly despised by Americans who had been brought up to take practical tasks with the utmost seriousness. Yet another factor discouraging American settlers was the drought of 1880, followed by an epidemic of typhoid fever in which 17 persons lost their lives. This last episode augured ill for a settlement which had been publicised as a "health resort." Thus the colony failed through inability of the settlers to make the land yield to the full, and the lack of prosperity in turn discouraged others from emigrating to it.

Such, in outline, is the story of Rugby, Tennessee. In spite of its failure we must admire Hughes' enthusiasm for a venture which was to involve him in very considerable personal financial loss. One can now clearly see that no colony could be established in America without becoming absorbed by that country and thus becoming American. The misunderstanding between American and English settlers is easy to imagine, for Americans, essentially practical by their heritage, could never condone the crime of putting pleasure before work. To-day we may still see the church and a few houses, but the inn was not rebuilt after the second fire. These remains serve to remind us that pioneering is not always successful, and that the grass on the other side of the fence is not always greener.



There was once a young fellow of Caius
 Who just passed his exams with a squaius
 Ere removing at Bartholomew's
 Inward partholomews
 Such as heartholomews
 To discover the course of disaius.

THE CASE FOR PSYCHICAL RESEARCH

by EDWIN R. NYE

THE publication of an article dealing with the occult in a journal of some scientific standing must seem to reflect either on the sense of discretion of the writer or on the critical faculty of the editor. It is, therefore, hoped to show that such a reflection is not involved and that the study of the occult is indeed a subject meriting the attention of a serious reader.

The term "the occult" has come, in modern usage, to cover certain features of human experience which are not explainable in terms of the generally accepted laws of science and logic. Thus the proposition "I saw this happening tomorrow," is meaningless to the logician but explicit in its import to the psychical researcher. Also the movement of an object apparently independently of the application of an external force is contrary to the laws of physics but represents an event with which the student of the occult must concern himself. The path of the psychical researcher is, however, a somewhat thorny one since, whilst a proper investigation of the occult demands the use of the scientific method, the phenomena to be investigated are not of the reproducible type that one meets in the physical or chemical laboratory.

Before proceeding further let us examine a few "case histories" taken at random from the records of psychical investigators:

The first one is recorded by an Indian doctor named Opal of a typical poltergeist infestation that occurred just before the war in southern India. The occupants of an artisan-caste house were troubled by having their household effects disturbed and flung about by some unseen agency; things reached such a pitch that the family were driven out of their home and an attempt at exorcism carried out by a Hindu priest. Such infestations are by no means uncommon in any country and there are usually one or two cases reported in the press every year in Britain.

The second case concerns the remarkable story of the horses belonging to the German trainer, Krall. The horses were found cap-

able of carrying out mathematical computations, normally requiring several hours of human effort, within as many minutes and conveying the answers by tapping with their hooves on the floor. This phenomenon caused quite a stir before the 1914-1918 war, but the explanation became apparent when it was found that the animals could not give the correct solutions when these were unknown to the experimenters! The reason being, of course, that the horses had become trained to appreciate signals given imperceptibly, and unconsciously by the experimenters when the correct solution was reached.

The cases of the German brothers Rudi and Willi Schneider are certainly worthy of mention as being the most rigorously investigated instances of physical mediumship ever carried out in modern times. Rudi and Willi came of a middle-class family from the village of Braunau-am-Inn and their mediumistic powers were at their maximum in the early thirties. The phenomena they produced, at first, Willi, and later, Rudi, consisted of the levitation of objects placed in closed gauze cabinets, the playing of musical instruments, also in a closed cabinet, cold breezes in a closed room and the production of sudden unaccountable falls of temperature.

On the side of mental phenomena no list, even as short as this, could be complete without some mention of the "R.101" communication. Within two days of the destruction of the airship, a message purporting to come from its dead commander, Flight-Lieutenant Irwin, was "received" by a group of investigators working with a "direct voice" medium. Under the circumstances it is not very surprising that such a message should turn up since it can be prophesied with reasonable certainty that as soon as any well-known person dies mediums from all over the country will claim to have messages. The banality of some of the messages is incredible, but in this case at least there was something worth looking into. The alleged Flight-Lieutenant gave aeronautical and

technical details which not only could have been completely unknown to the medium but were subsequently confirmed at the inquiry. Furthermore there were references to secret experimental equipment. The Air Ministry were impressed at the time by the "message" when it was passed on to them and it created a furore in spiritualistic circles which has hardly yet died down.

The "haunted" house is, of course, part of Britain's stock-in-trade for visiting Americans, and I imagine the number of our traditional ghosts must run into hundreds. Whilst probably the majority of hauntings are merely those of repute or convenience, there does remain those fascinating few where "things" do really happen; of these Borley Rectory immediately comes to mind and nobody should consider his education complete unless he has read Price's accounts* of the investigations that were carried out there.

To discuss the issues raised by the above cases, taken at random, in detail, would probably prove an interesting exercise for the writer, but would make dull reading. What does emerge is that psychical research has been able, in some cases, to offer normal "scientific" explanations to what had hitherto been regarded as psychical phenomena, thus the talking horses were explained, many "ghosts" have been found due to natural causes, and the mystery of fire-walking solved. There is, however, still a large amount of unexplained material requiring investigation.

The only general theory which attempts to explain all psychical phenomena is that of the spiritualists who attribute these phenomena to the agencies of the surviving personalities of dead people. Such a theory which, it must be admitted, has the support of many people of all grades of intelligence, whilst having some superficial appearance of plausibility is shaky in many details and it is a brave, or uncritical, spirit who accepts all its implications without question.

The acceptance of the validity of many psychical phenomena can be made quite easily, without committing ourselves on the vexed question of explanation, if we remember that there is absolutely no case at all for arguing that, "This thing cannot happen because it contravenes the laws of thermodynamics/gravity/logic, etc." Three hundred years ago there was no known relationship between the mass of a body and its gravitational pull, but in spite of the absence of a law of gravity objects still fell to the ground when unsupported. Scientific "laws" are, of course, made to fit the facts, not the facts to the laws. An exception to a law simply indicates its inadequacy and the need for its revision or replacement, in fact, scientific progress could almost be measured by the number of times its laws are altered or discarded in favour of new ones.

It may well be asked why an article on the occult should be included in a medical journal. To this question there is a very good answer, namely, that as psychical phenomena (even the fraudulent ones!) are almost certainly centred around human beings and, as the medical man is probably the only scientifically trained person with so wide a contact with his fellow creatures, it follows that he has unique opportunities for observing and recording many of the strange events of which I have written.

"There are more things in heaven and earth, Horatio,

Than are dreamt of in your philosophy."

(Hamlet, Act I, Scene V.)

* "The Most Haunted House in England." London, 1940.

"The End of Borley Rectory." London, 1946.

Further reading:

Price, Harry. "Fifty Years of Psychical Research." London, 1939.

Tyrrell, G. N. M. "The Personality of Man." 1947.

Carrington, H. "Psychic Oddities." 1952.

The Christmas meeting of the Junior Osler Club will be held on Monday Nov. 23rd.

ADDED WORDS FOR ADDED SOUNDS

THE terms used for the respiratory sounds heard in disease seemed to me to be used in so many different senses that I thought it would be interesting to inquire into the matter. It was clear to me that the first place to look was in the first book devoted to the subject—in Laennec's *Treatise on Mediate Auscultation*. Here he said, 'For want of a more generic term I use the word *râle* (or *rhonchus*) in a wider sense than usual and include under it all the abnormal sounds which the flow of air may produce during the act of respiration, whether in its passage through fluids in the bronchi or in the substance of the lungs or whether because of a narrowing of the air passages.' *Râle* means any rattling noise but was in those days particularly applied to the sounds heard in terminal pulmonary oedema; *rhonchus* is a Latin variant of the Greek *rhénchos*, a word used on occasion 'of a dolphin asleep' (Liddell and Scott—Greek Lexicon). To these terms of Laennec's we must add *sibili* and *sonori*—whistling and snoring—and crepitations, which should, by derivation, mean creaking or cracking noises; these complete the list of the more common terms used for abnormal respiratory sounds. If we add subcrepitous, tinkling, crackling and all the other terms which have been used, the list becomes quite unmanageable.

On *sibili* and *sonori* there is no disagreement, but on the usage and meaning of the other common words there are few authorities who completely agree with one another. To show this I have tabulated below some of their pronouncements on the subject; in doing this I have used the terms 'moist sounds' and 'dry sounds' as headings, not because they meet with universal approval, but because most medical people know what is meant by them and because they fit the page better than other alternatives.

How, then, shall I be guided in my choice of terms for abnormal respiratory sounds—by historical precedence, by etymology, by patriotism or by loyalty to a particular school? Historical precedence definitely denies a distinction between *râles* and *rhonchi*, for Laennec, who was the first to use them in medicine, used them synonymously. I find that he gives his reason for doing this in the preface to the second edition of his *Treatise on Mediate Auscultation*; after some remarks on the advisability of not saying too much in front of patients in case they understand the meaning of the words used he said that he habitually substituted for the word *râle* the word *rhonchus*, which frightened nobody; his patients, being Frenchmen in the early part of the 19th century, thought that the *râles* which he said he heard in their chests were the signs of imminent death—the so-called death

| Source | Moist sounds in general | Finest moist sounds | Coarse moist sounds | Dry sounds in general |
|----------------------------------|------------------------------------|--|--------------------------------------|------------------------------------|
| Laennec, 1826 } Gee, 1883 } | <i>râles</i> and <i>rhonchi</i> | moist <i>râles</i> and crepitations | mucous <i>râles</i> and gurglings | <i>râles</i> and <i>rhonchi</i> |
| Hutchison & Hunter } Savill } | <i>râles</i> | fine <i>râles</i> and crepitations | coarse <i>râles</i> | <i>rhonchi</i> |
| Horder and Gow | <i>râles</i> | crepitations | coarse <i>râles</i> | v. Note 1 |
| Coope } Davidson } | ... crepitations | fine crepitations | coarse crepitations | <i>rhonchi</i> |
| Christie ... | <i>râles</i> | fine <i>râles</i> | coarse <i>râles</i> | <i>rhonchi</i> |

NOTES—1. Horder and Gow for 'dry sounds' give *sibili* and *rhonchi*, the latter only meaning low-pitched 'dry sounds.'

2. Detailed references are given later.

rattle. Dr. Gee, whom I have quoted above, used Laennec's nomenclature simply because it was Laennec's and in so doing favoured those who say that râles are rhonchi. I am told, however, that modern French doctors are not afraid of frightening their patients with the word *râle* as it is no longer in common use. There seems, then, to be little justification, even in France, for keeping rhonchus as a synonym for *râle*. Etymology certainly suggests that a *râle* is not a rhonchus. It might be argued that some heavy sleepers make snoring noises—rhonchi—which might well be called *gargouillements*, which Laennec said were the same as *râles muqueux*; these, however, are the only sounds which can be covered by the original meanings of both words. I find also that, although some count a rhonchus as a kind of *râle*, no modern author uses the term rhonchi to include all the sounds that others would call *râles*. I shall therefore be glad of one undisputed point and will neither treat the words as synonymous nor use the word rhonchus as a general term for all 'moist sounds'.

Etymology is less helpful about the words *râle* and crepitation: it does not show whether there should or should not be a difference in meaning. Historical precedence does not help much either because, though Laennec did not use the word crepitations in the list of sounds in the first edition of his *Treatise*, he admitted it to equality with moist *râles* in the second edition. Patriotism leads to no conclusion either; there is, so I am told, confusion in Italian, German and French, as well as in English. I cannot even fall back on loyalty to Bart.'s because there is disagreement among Bart.'s men. It is

more simple and, therefore, I feel, better to use only one word for all 'moist sounds.' In favour of using *râle* as this one word it can be said that few people know its real meaning in French and fewer still know its etymology and there can therefore be little argument from the purists as to what the word should or should not mean; against crepitation is the fact that it only needs an acute accent on the first syllable to convert it to a word which some Frenchmen use to mean a pleural friction sound—a possible source of worry to those doctors who have to deal with the French.

If I have to choose I shall choose *râle* and use it to include all moist sounds, fine, medium and coarse. As for terms for other abnormal respiratory sounds—there is less confusion, especially about terms for the rarer and more spectacular sounds; I will not add to the confusion by writing on a subject of which I know little.

JOHN L. STRUTHERS

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OBITUARY

We announce with regret the deaths of the following Bart.'s men :

George Frederick Briggs, on July 24 (*Qualified 1898*)

Ralph Henry Crowley, on September 25 (*Qualified 1893*)

Lewis Gladstone Glover, on September 25 (*Qualified 1892*)

THE ALMS GIVING

THE street was crowded with hurrying, jostling people. If you had looked out from a high window, you would have seen not a square foot of pavement, just a turbulent, bobbing mass of hats and heads. Everyone was drawn into the race, striving to pass the man in front, edging and manoeuvring, obsessed with hurry. The sky, disinterested, had the gentle empty blueness of a late September afternoon.

At a corner, a street musician was playing his violin. His hat was on the ground, and occasionally a coin would be dropped into it. Most people rushed past with only a vague momentary feeling of guilt. He played, but the sound of the fiddle hardly rose above the loud discord of the traffic. For a moment coherent music would break on the crowd, but then a bus would come by and drown it all. A bishop rushed past, competing with a negro for the inside position round the pillar-box. The music set a shop-breaker whistling, and a stockbroker caught the tune.

A gay young man swept along, a gay young woman with him. They swept past the musician, both pretending not to have noticed the cap on the pavement. But suddenly the man stopped.

'Wait,' the man said, 'I'm going to give him something.'

'Oh, don't,' the woman said, 'he'll only get drunk.'

The man went up to the musician, paused awkwardly a moment, and then pushed a pound note into the hand that held the violin. The street-player scornfully nodded his thanks.

'And now he will drink himself blind and throw his wife down stairs and it will be all your fault,' the woman said, shouting above the traffic.

'Nonsense,' the man said, 'he'll do something wonderful with the money, and grow rich and good and famous, and found a monastery in my memory.'

'You awful useless romantic,' she shouted back. They pushed along, buffeting with the crowd, laughing.

It was a small back-street pub, warm and friendly. The bright light was reflected from

the elaborately cut Victorian glass. A man was sitting with his back to the room, playing the piano. The music was loud and boisterous, and he made it louder and yet louder as if he were trying to prove that it meant something. Still playing, he turned round, staring at the room, seeming to be listening intently to his own rhythm, smiling. Some women sat silently at a table in the corner, drinking guinness.

With a crash that set the bottles rattling, the music stopped.

'Come on!' the man shouted, 'another gin, and we'll have a song.'

'You've had enough,' the barmaid pouted.

'No, I haven't,' he said, 'I'm going to be drunk as a lord to-night. I haven't even started.'

The barmaid frowned, and poured him out his drink. 'All the lords I know all added together wouldn't be as lit up as what you are,' she said.

'That a lord I saw you with last Sunday, Liz?' someone shouted. Everyone laughed, and there was a late echo from the women in the corner.

The man started to play. He was strong and broad shouldered, and there was a powerful, indisputable forcefulness in his music. He turned round, watching the room again, and his face was that of a man who is gay and sad at the same time.

'Start up!' he shouted. 'Sing! Don't pretend that you've all forgotten the words!'

So they put down their glasses and sang, a little embarrassed at first, but soon they were roaring. The barmaid laughed, and held her hands over her ears. They were old songs, sentimental things from musical comedies of 20 and 30 years ago, all about love and eternity, songs with long sad notes which the singers clung to. Only one man did not sing, a fat man in a grey suit, who seemed to consider himself more respectable than the others.

The last note of a song, and the player banged the piano shut. 'Another gin for me, Liz,' he said.

'No, really, come on now,' she said.

He came up to the bar. 'A double gin, Liz.'

The man in the grey suit said, 'Get away, you're drunk.'

'Here, do you want a fight?' the musician said.

'Clear out,' the other man said, and pushed at him.

'No scrapping,' Liz said. 'I won't allow any scrapping.'

'Careful,' someone said. 'None of that in here.'

But the two men were standing up facing each other. Without looking behind him, in one quick movement, the man in the grey suit took up a bottle from the bar and crashed it on the musician's head.

The musician gasped. 'I'll teach you to fight dirty,' he shouted. 'I'll teach you!' and picking up the broken bottle, he threw it in the man's face. The man gave a cry of fright. Blood streamed from his neck.

'God,' someone said, 'now you've done it. You've killed him.'

'Quick,' a man said, 'fetch a doctor.'

The man in the grey suit put his hand to his neck and felt the blood. He gave another little cry and collapsed on the floor, knocking a stool over. The stool bounced and clattered.

The musician stood there, as if he were waiting for something to be explained. No one took any notice of him. He turned, and went.

* * *

The morning of the next day merged into the afternoon, and the blurred afternoon passed on to the evening. He lay there on his bed, fully dressed. The late sun came through the window, showing the scars and blemishes on the wallpaper. His violin was on the floor, and the bow thrown on top of the junk that littered the one small table.

He lay there, wondering how it could have happened. His landlady came, but he would not speak to her. He felt tired and sick, his mind a sick turmoil. He had got drunk on purpose, and killed a man. His own life was a useless thing. There was only uselessness to look back on, only despair for the future. So the day passed, and he was sickened with self-revulsion.

In the evening he made a resolve. He would go to the police and give himself up. Prison, that would be his salvation. He imagined a grey echoing prison, long corridors, timeless penance.

There was a knock on the door, his landlady again he supposed. He did not look up.

'May I come in?' someone said. It was an old man, white haired.

Surprised, he said, 'What do you want, who are you?'

'I'm a doctor,' the old man said. 'Your landlady sent for me. She said that you were ill.' He pulled a chair up to the bed. 'What's the matter?' he asked.

For a while the musician did not speak. Then he said suddenly, 'Last night I threw a bottle in a man's face when I had made myself drunk, and cut his throat, and killed him.'

'I know all about you,' the doctor said, 'you did not kill him.'

'What do you mean? How do you know?'

'He might have died, but they sent for me, and I was able to save him.' The old doctor's voice was gentle and frail.

The musician was silent again. Then he said, 'Now there is nothing. There is nothing I can do. There is no punishment and no salvation. My life is utterly purposeless.'

'Find a purpose,' the doctor said. 'You're an intelligent man. You've fallen to this way of life, but you can rise again.'

'How shall I find a purpose?' the musician asked.

'Go to a labour exchange. I'll give you any help you need. I'll lend you money if you need it.' The doctor said enthusiastically, 'You know, last night's misfortunes may have altered your whole life for the better.'

The musician jumped up. 'You're all the same,' he said. 'You all give money, and you all think that the labour exchange is the way to heaven. I'm sorry, but I don't give a damn for all your phoney talk of purpose.'

The doctor looked startled. 'Even if you can't show gratitude. . . .'

'I'll tell you what,' the man interrupted. 'I'm going to stop moaning for a purpose.'

'I am disappointed,' the doctor said, and his old voice was angry. He stood up, and without looking at the man again, went out and closed the door.

The musician picked up the violin from the floor, and took the bow from off the table. Lightly, he started to play, a gay tune that danced and soared.

A CASE OF JAUNDICE IN INFANCY

by A. K. THOULD

MRS. B, aged 31, who had had one previous confinement, gave birth to a male child at term, which was found to be severely jaundiced, somewhat oedematous, and gravely anaemic.

Past Obstetric History

There had been one previous confinement, the mother being delivered of a normal infant, birth weight 10 lb. 4 oz., at 42 weeks, in hospital. The pregnancy and delivery were normal in all respects, but the mother's blood group was noted to be group O, rhesus negative. No rhesus anti-bodies were, however, detectable in her serum during this pregnancy. She had had no miscarriages, no blood transfusions, nor any previous illnesses of any note.

History of Present Pregnancy

Mrs. B. became pregnant again in September, 1952, and attended an ante-natal clinic at about the twelfth week of her pregnancy. Her chest x-ray was clear and blood group confirmed as group O, rhesus negative.

In view of her rhesus grouping, routine investigation of her blood serum for rhesus anti-bodies was carried out, and in May, 1953, when she was 36 weeks' pregnant, anti-bodies were discovered in her serum to a titre of 0 in saline and 4 in albumen. Her husband's blood group had been investigated and was discovered to be group A, rhesus positive, and the red blood cells were agglutinated with anti-rhesus sera C and D, but not with E and C. His genotype was considered to be probably $R_1 R_1$ homozygous.

In early June, when she was 38 weeks pregnant, the serum anti-bodies had reached a titre of 0 in saline and 256 in albumen, and she was admitted to a lying-in ward in preparation for labour. No attempt was made to induce premature labour.

History of Labour

She went into labour at term, on June 2: and the first stage lasted 14 hours 45 minutes. The second stage lasted 25 minutes, and after an episiotomy was performed she gave birth to a boy, presenting as a vertex, LOA. The third stage lasted 10 minutes, and the placenta was delivered by Matthews Duncan's method, with a total loss of 26 oz.

0.5 mgm. of ergometrine was administered to the mother at the end of the third stage, intra-muscularly.

The baby itself was obviously gravely ill. It appeared to be very anaemic, severely jaundiced and somewhat oedematous and had purpuric spots over its face and trunk. The spleen and liver were grossly enlarged, and the cord haemoglobin was found to be only 33 per cent. Haldane. Respiration was established at birth by mucus extraction, and continuous oxygen given by means of a funnel applied loosely to the face. The baby cried fairly well three minutes after birth, though it moved feebly and had a poor tone. The skull was not moulded, and owing to the baby's grave condition it was not weighed, though the weight was estimated to be between 6½ and 7 lb.

The placenta, on examination, was found to weigh 2 lb. 3 oz., with a 21 in. long umbilical cord attached, and to be large and pink but not oedematous, and was said not to resemble that of hydrops foetalis.

Treatment of the Baby

Two pints of group O, rhesus negative blood were obtained, cross-matched and warmed, and in view of the baby's moribund condition, it was decided not to do a replacement transfusion there and then, but to give it a slow transfusion of 100 ml. of blood direct through the umbilical vein first, and the more radical procedure later. Accordingly, the baby was transferred to the theatre, kept warm with blankets and hot-water bottles, the head lowered, and the 100 ml. transfusion given. The baby was born at 7.35 a.m., and the blood given between 9.30 a.m. and 12 noon. Its condition improved slightly at the end of this, though its respirations were very shallow and rapid.

At 12.30 p.m. the exchange transfusion was started—a narrow-gauge plastic catheter was tied into the umbilical vein and the blood administered through this using a 500 ml. syringe with a four-way tap, and using sodium citrate to wash out the syringe. Between 12.30 p.m. and 1.30 p.m. 700 ml. of the baby's blood were withdrawn, and 540 ml. of warmed packed cells given, in

20 ml. portions, so that a total deficit of over 100 ml. in the baby's blood volume was obtained in order to compensate for the additional load on the circulation provided by the previous transfusion.

At the end of the procedure the baby's condition was very poor: it was cold and cyanosed, with very shallow respirations, and so $\frac{1}{2}$ ml. coramine was given into the cord, with some improvement in the general condition. Chloromycetin palmitate 62½ mgm. six-hourly was also started.

The baby was kept in an oxygen tent in the theatre, and no attempt made to feed it, and at 10 p.m. that night its general condition was found to be a little improved, the respiratory rate being less rapid at 58 per minute and the heart rate regular at 130. The oedema of hands and feet was a little less, and as it was very restless, one grain of chloral was given, and the oxygen therapy persisted in.

Further Progress of the Baby

Next day, its condition was considerably better; the hand oedema was absent, the respirations down to 36 a minute and the heart rate 128, though the jaundice had deepened. The oxygen was discontinued, and the haemoglobin estimated and found to be 84 per cent. Haldane.

From then until June 30 its condition steadily improved, though the haemoglobin varied from 80 to 104 per cent. Haldane, and it developed a sticky left eye which was successfully treated with aureomycin cream four-hourly. On June 30, a further transfusion of 100 ml. of group O, rhesus nega-

tive blood was given at the rate of 40 ml. per hour to endeavour to raise its haemoglobin level.

By this time the baby was pea green in colour, with liver and spleen enlarged three finger-breadths, but its central nervous system had been left apparently unimpaired, since it showed no convulsions nor any signs of kernicterus. The stools were noticed to be pale on July 2, but apart from this the baby's and mother's progress was uneventful, and both were finally discharged 18 days after the birth.

At discharge the baby's haemoglobin was 76 per cent. Haldane, and apart from a sticky umbilicus (for which it was being treated locally by painting with 1 per cent. gentian violet every four hours) its condition was satisfactory.

Feeding

The baby was starved for the first 24 hours after birth, then fed with 3 oz. of expressed breast milk every three hours by bottle till the eleventh day. It was then breast fed every three hours for two days, but as it was found that it was being overfed by this method and was vomiting several feeds, it was put back upon the bottle, being given 3 oz. three-hourly. Finally, it was breast fed again from the sixteenth day, and at discharge its weight was 6 lb. 12½ oz.

* * *

I would like to thank Dr. Lehmann for his advice in preparing this article and Dr O'Reilly of St. Helier Hospital for permission to publish this case.

LETTERS TO THE EDITOR

BART'S SPORT

Dear Sir,

Congratulations to the Boat Club on their victories in two open regattas this summer. You mention that this is the first open senior rowing event to be won by Bart's. However, I have been engaged in a bit of private research, as a result of which it would appear that our victory in the Horton Cup is the first open senior event ever won by any hospital crew.

I was also very pleased to read that a junior four had reached the final of an open maiden

event at Kingston Regatta. Oarsmen who are good enough to reach the final of a maiden event one year can usually reach a standard good enough to win a junior-senior event the next year.

Incidentally, Dr. Allnutt would, I am sure, be interested to know that last year not one, but three eights from Bart's, as well as fours, entered for the Inter-Hospitals Regatta. Let us hope to see at least three eights rowing again this year.

Yours sincerely,

R. G. D. NEWELL.

Kensington.

'ETHEL'

Sir,

The reference in the October *Journal* to R. B. Etherington ("Ethel") Smith evokes bitter-sweet memories. I had the melancholy, if enviable, privilege of writing his obituary for the *Journal* just over 40 years ago.

The experts might not be in universal agreement that he was "the greatest oarsman of his day," but that is of no consequence. For in addition to his considerable athletic distinction, this king of men possessed physical beauty, professional ability and irresistible charm to compose a personality to remain indelible in the memory of all who knew him. The memorial service held at the hospital was an unforgettable experience through the number and quality that attended and the manifestations of grief.

In the interest of accuracy, I may add that his fatal illness was not due to a post-mortem infection. His great friend Charles Gordon Watson performed a laparotomy for what was said to be a primary streptococcal peritonitis attributable to his operating on a nurse when in a state of low vitality from physical and mental exhaustion.

As your correspondent reminds us, Bart's at that time could claim among its sons eight Cam-

bridge rowing Blues, a circumstance that encouraged me to contribute an article with semi-serious, semi-facetious biographical details in the *Journal* of May, 1911, when I occupied the chair that you now adorn.

It may be of interest to recall those members of what I called the Bart's eight in the arrangement of which "Ethel" Smith, to whom I was then his (first) house surgeon, collaborated. (The years appended refer to those in which they competed against Oxford.)

Bow—H. D. Gillies, Cai (1904); 2—J. S. Burn, Tri. (1907, 1908); 3—E. P. Wedd, Cai (1905); 4—H. G. Baynes, Tri. (1907); 5—M. Donaldson, Tri. (1906); 6—J. E. Payne, Pet. (1899, 1900); 7—R. B. Etherington-Smith, Tri. (1898, 1899, 1900); stroke—C. H. S. Taylor, Cai. (1905).

Of these, Sir Harold Gillies, Malcolm ("Dotty") Donaldson, Jack Burn and J. E. Payne, are happily still with us.

Yours faithfully,

ADOLPHE ABRAHAMS.

Brooke Street, W.1.

SPORT

SAILING CLUB

The Sailing Club can look back on a highly successful season at Burnham. There has been a definite improvement in the standard of sailing throughout the summer, which has been reflected in the racing results. Bart's have, in inter-hospital racing, won the Bannister Cup and Harvey Gold Bowl, and come second in the Sherren Cup.

Results:—

Sherren Cup (between all hospitals over Whit-sun)—1st, Westminster. 2nd, Bart's. 3rd, Royal Free.

Bannister Cup (between all hospitals in a series of six races)—1st, Bart's (51½ pts.). 2nd, Guy's (48½ pts.). 3rd, London (41½ pts.).

Harvey-Wright Gold Bowl (a single race between the leading eight hospitals in the Bannister Cup)—1st, Bart's. 2nd, St. Thomas's. 3rd, Guy's.

The Bart's boat in the inter-hospital racing was sailed by P. J. G. Smart. Those crewing at various times were: Mrs. J. O. Boyton, W. M. Berry, G. Misiewicz, M. E. B. Hayes, H. V. Blake, and A. G. Smart.

The Bourne Trophy for individual racing was won by P. J. G. Smart. G. Misiewicz was second in the Brandyhole Trophy.

The United Hospitals Sailing Club has itself had a very successful season, having an almost

unbeaten record in team racing, amongst other things winning the St. Matthew Cup, given for a team race between the five Burnham clubs.

Bart's own "Firefly" class dinghy, having been overhauled by members, is to be kept at the Welsh Harp for members to sail and race during the winter.

With the highest number of members and helmsmen of any hospital, the club looks forward to next season and welcomes any newcomer, whether or not he or she has had any previous experience.

RIFLE CLUB

With one gratifying exception, the Rifle Club has had a most disappointing year.

SMALL BORE SEASON

The club was able to enter only one team in the Intercollegiate League this year due to lack of sustained support.

Bart's Hospital were sixth out of 10 teams competing, having won three matches and lost six.

In the Inter-Hospitals Cup Competition which was won by Bart's last year, the hospital was sixth out of six teams competing, having won only one match and lost the remainder.

T. B. Catnach and F. P. Thoresby have both shot for the University "B" team during the

year, and T. B. Catnach is to be congratulated on being awarded a Team Purple.

In internal competitions, the results were:—

Lady Ludlow Challenge Cup—Won by H. G. Scott, 96/100; runner-up, T. B. Catnach, 95/100.

H. J. Waring Handicap Cup—Won by T. B. Catnach; runner-up, F. P. Thoresby.

In the Staff v. Students' match, the students won by four points (467/463).

The prize for the highest average throughout the season was won by T. B. Catnach, average 96.4; 2nd, C. D. Ellis, 95.1; 3rd, F. P. Thoresby, 94.6.

FULL BORE SEASON

Members of the club visited Bisley frequently during the summer months, and entered two competitions:—

Hospitals' Prize Meeting. This was won by Bart.'s with a score of 243, capturing the cup from Guy's, who have held the cup since it was first competed for in 1951. A medal was presented to each member of the team, which consisted of F. P. Thoresby, E. Clissold, T. B. Catnach and C. D. Ellis.

In the United Hospitals' Cup match however, Bart.'s were 5th out of five teams competing, with

a score of 450. (Winners: Guy's "A", 467.) In view of the previous result this was disappointing.

In internal competitions the results were:—

The Benettink Cup, won by C. D. Ellis, after counting out with the runner-up, T. B. Catnach.

The Mrs. Waring Handicap Cup, won by T. B. Catnach, 88/100; runner-up, F. P. Thoresby, 85/100.

Donegall Medal awarded to T. B. Catnach, 88/100.

So marked has the lack of support for the club become, that the club is obliged to forego its entry into the Intercollegiate League during the forthcoming year for the first time since the war. In view of the club's excellent record and previous reputation throughout the university for a very high standard of shooting, this is a deplorable state of affairs and damaging to the prestige of the hospital.

What is required is a number of pre-clinical students to come and shoot regularly, at least once a week during the winter months. Surely this is not asking too much. We are very fortunate in having a miniature range on the premises of the hospital. As far as is known only three other colleges in the university have similar facilities.

At the moment there is not a single preclinical student who can claim to be an active member of the club.

EXAMINATION RESULTS

SOCIETY OF APOTHECARIES—FINAL EXAMINATION, July, 1953

Gibbs, J. T. Passed Medicine.

August, 1953

Birdwood, G. F. B. Passed Medicine and Midwifery.

Smith, G. C. Passed Midwifery.

The Diploma was granted to G. C. Smith.

HOSPITAL APPOINTMENTS

The following appointments to the Medical Staff have been made, with effect from the 1st November, 1953:—

Dr. Spence's firm :

Junior Registrar Dr. B. B. Reiss

Dr. Scowen's firm :

Junior Registrar Dr. A. J. Popert

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BOOK REVIEWS

PROBLEMS OF FERTILITY IN GENERAL PRACTICE, by J. Stallworthy, K. Walker, J. Malleson and M. Hadley Jackson. 2nd Ed., 1953. Cassel, pp. 259. 18/6d.

When the first edition of this book came out this *Journal* welcomed it so handsomely that its review has been reprinted on the dust cover of the new edition. We see no reason to withdraw any of the pleasant comments written in 1948.

How prevalent the childless marriage is it is impossible to tell, for there are no reliable figures. But it needs little imagination to realise how big a personal problem it is to many childless couples. The investigation and treatment of sterility in both husband and wife are considered in detail, and though tubal insufflation and the examination of cervical and seminal smears will be techniques beyond the scope of most G.P.'s, there is a wealth of advice and information here for them to ponder. The second part—on clinical contraception—is particularly valuable, the merits and dangers of the various methods being thoroughly assessed.

The book is published under the auspices of that excellent organisation, the Family Planning Association, and a list of their clinics and municipal clinics is included.

I.H.B.

LECTURE NOTES ON THE USE OF THE MICROSCOPE, by R. Barer. Blackwell, pp. 76. Price 6s.

The author's statement in the preface that the average medical student receives only rarely any official teaching about the microscope is somewhat exaggerated, but he is nearer the truth when he says that "probably no instrument is more often misused than the microscope." For there is a big gap between theory and practice, and the present medical curriculum does not offer much opportunity to the student to become familiar with the working of this instrument. The result is that he seldom learns how to make the best use of the microscope, one of the important tools of his trade.

The little book by R. Barer should go a long way to remedy this situation, for it contains a concise and clear description of the functions of the various parts of the microscope, together with detailed instructions for the proper use of the instrument. The weakest part of the book is the chapter dealing with the theory of the microscope; the explanation of diffraction and interference of light may confuse rather than enlighten the reader, but the omission of this chapter will entail no loss. The chief value of the book lies

in the practical instructions and in the various hints and tips which one does not usually find in textbooks but which are most important to the microscopist. This book is strongly recommended to every user of the microscope; its study should not occupy more than one day, and this small effort will certainly be repaid.

J. ROTBLATT.

EAR, NOSE AND THROAT DISEASES FOR MEDICAL STUDENTS, by William McKenzie, E. and S. Livingstone Ltd. First Edition, 1953, pp. 256, illus. 95. Price 21s.

The author must be congratulated in attaining his aim, that of instilling into his reader an interest in this speciality. This has been accomplished first by keeping the presentation of the subject to important conditions and avoiding the rarities and, secondly, by the use of a conversational style and a text liberally spiced with short case histories illustrating the points to be made.

In a large measure this book expresses generally accepted views but the reader should not forget that in part it represents only one of differing schools of opinion. In particular, he will find that the treatment of acute otitis media differs in several minor points from that commonly taught in this hospital.

The book is well set out and contains some excellent illustrations. Other noteworthy points are the introduction of each chapter by its own short précis and the list of recent examination questions and prescriptions to be found at the back. While there are but few students who will wish to acquire a book on this speciality, there is none who will regret using such a book as a companion to his practical teaching.

J. D. H. CAVE

A STUDY IN MANIC-DEPRESSIVE PSYCHOSIS, by Ake Stenstedt: *Acta Psychiatrica et Neurologica Scandinavica*, Supp. 79, 1952.

This well-presented monograph is a study of manic-depressive psychosis from the genetical and statistical point of view, and as such is essentially of specialist interest. The summary and conclusions, however, are to be read with interest and profit by all. In keeping with the general high standard of the work issued by the *Acta Scandinavica* this study is comprehensive, painstaking and thorough. The material is drawn from a defined rural area of Sweden and the period of observation is prolonged over 20 years in 30 per cent. of cases, and from 20 to 10 years in a further 30 per cent. More than 200 cases of manic-depressive psychosis are involved in the initial case material, after exclusion of all cases not conforming to the author's requirements, which were strict. For instance, if hospital case records only were available and the author had been unable to trace the family and interview relatives, the case was discarded. In all over 2,000 individuals were seen and examined as part of the field work.

No radical or startling disagreement with accepted ideas emerge from this monograph, and in this instance this is as expected, except for the finding that children and siblings of manic-depressives are *not* adversely affected socially and

economically. Some of the author's conclusions are worth restating, for they are indeed of interest to all doctors. Thus 83 per cent. of all cases of manic-depression start with depression, and over 50 per cent. of cases experience no more than one attack; marriage is less frequent among manic-depressives than in the general population, fertility is normal, but the expectation of life is a little reduced, while the suicide rate, particularly in males, is over 15 times than of the general population.

Manic-depression seems quite clearly to be inherited, but the mode is not beyond dispute. No genetic affinity with other types of mental illness can be established, either in the manic-depressives or in their near-relatives. The chances of inheritance of manic-depression are about 15 times the general risk rate, although these chances are not increased in the presence of recurring illness in the parent. Where, however, reactive or emotionally disturbing factors are involved in the patient's illness, his offspring are rather less likely to be afflicted. A broken or gravely disturbed home life occurring in a subject's pre-pubertive years appears to enhance the likelihood of manic-depression becoming manifest later on.

The author should be congratulated on his very solid achievement and the simplicity and clarity of his presentation.

J. GOULD.

CARDIOSCOPY, by W. Evans. Butterworth, 1952. 40s.

X-ray screening plays a large part both in the diagnosis of heart disease and in the management of cardiac patients. This book should, therefore, be of interest not only to the cardiologist but to the general physician. There is a clear account of the radiological appearances of the heart and great vessels in health and disease, and the book is illustrated by more than 200 excellent plates.

The failure to mention more than two cyanotic congenital malformations of the heart is in marked contrast to the space devoted to the rare conditions of familial cardiomegaly and of the heart in Friedrich disease and myotonia atrophica. This is clearly due to the personal interests of the author. It is a shame that such a defect, together with a lack of interest in heart size, should detract so much from an otherwise excellent book.

B. G. WELLS.

TEXTBOOK OF GYNAECOLOGY, by Emil Novak and Edmund K. Novak. 4th Ed., 1953. Baillière, Tindall & Cox, pp. 800, figs. 522. 68/6d.

This is the fourth edition of a text book which enjoys a widespread and deserved popularity among students in America. It is written by one of the world's leading gynaecologists and his son, and bears the stamp throughout of deep knowledge and mature wisdom. Over 100 pages are devoted to the anatomy, embryology and physiology of the female organs, and the profound interest in pathology of the senior author is apparent throughout the book, which abounds with the best illustrations yet seen in a gynaecological work. There is no doubt that this book reflects the best in American gynaecology. It is beautifully produced.

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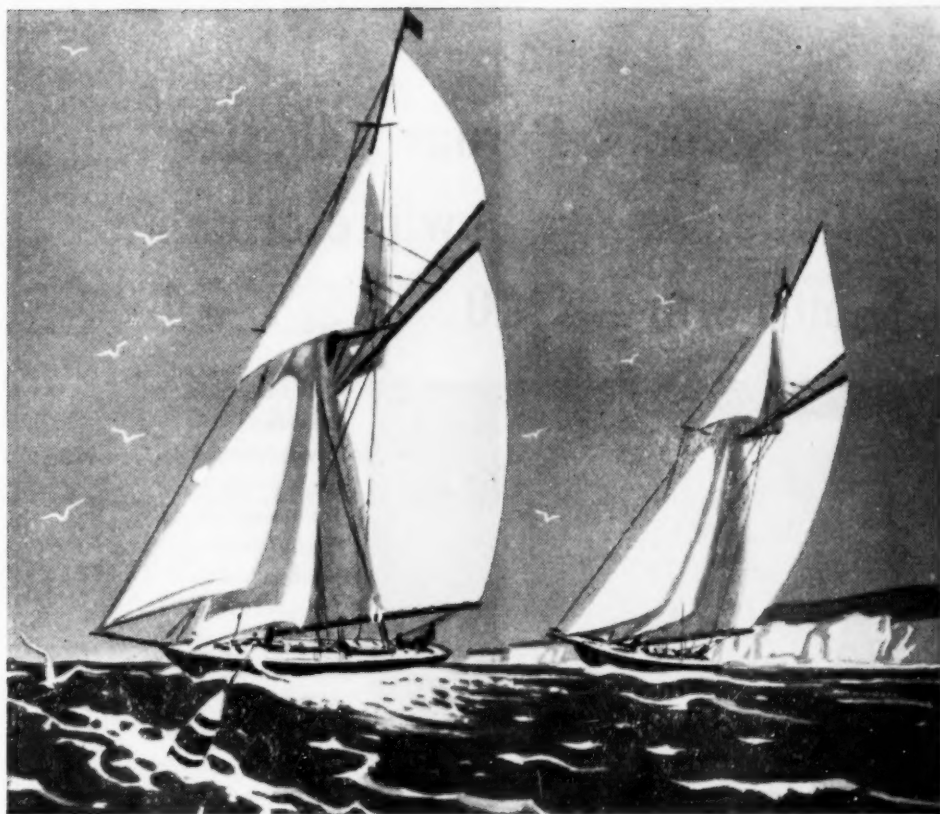
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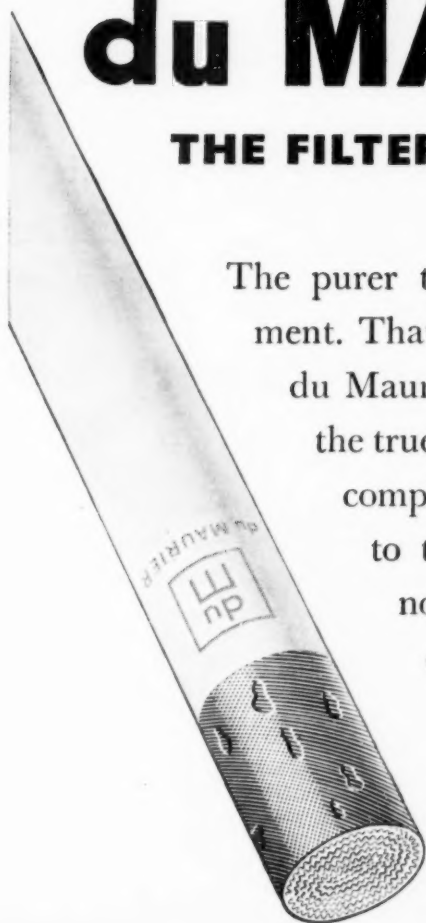
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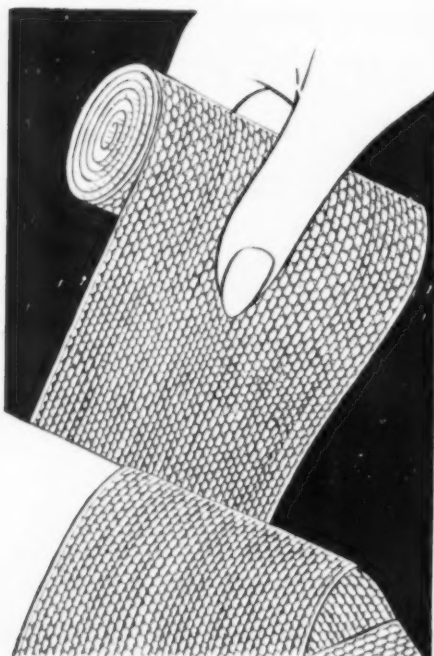
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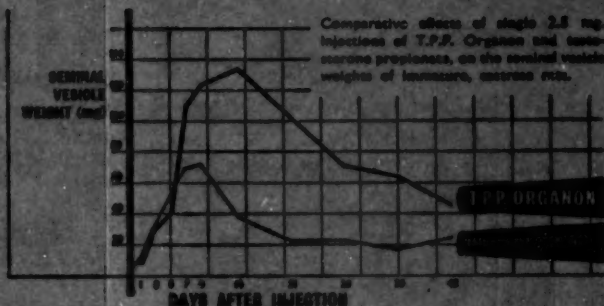
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